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24353 7590 09/19/2007  
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**Kathleen A. Farrell**

(Depositor's name)

*Kathleen A. Farrell*

(Signature)

10/5/07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809.777	03/24/2004	Lennart Mucke	UCAL-280	8698

TITLE OF INVENTION: METHODS OF DETECTING NEUROLOGICAL DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
- nonprovisional	YES	\$700	\$300	\$0	\$1000	12/19/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS		
MONTANARI, DAVID A		1632		800-003000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Carol L. Francis*

*Paula A. Borden*

*BozicevicField&FrancisLLP*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**The J. David Gladstone Institutes**

**Irvine, California**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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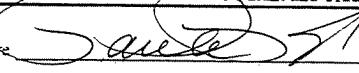
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Authorized Signature 

Date Oct. 5, 2007

Typed or printed name Paula A. Borden

Registration No. 42,344

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